ChecklistGuro

Operating Room Readiness Checklist

Show only Checklist

Display Style
Default

HVAC System

Verification of Heating, Ventilation, and Air Conditioning system functionality and environmental control.

Room Temperature (degrees Celsius)

Enter a number...

Relative Humidity (%)

Enter a number...

Air Changes per Hour (ACH)

Enter a number...

Filter Status

- [ ] Clean
- [ ] Needs Replacement
- [ ] Dirty

Supply Air Pressure (Positive/Negative)

- [ ] Positive
- [ ] Negative
- [ ] As Per Protocol

Last Filter Replacement Date

Enter date...

Notes / Deviations from Standard

Write something...

Lighting

Assessment of operating room lighting systems for adequate intensity and functionality.

Ambient Light Level (Lux)

Enter a number...

Surgical Light Footcandle Level (at surgical field)

Enter a number...

Surgical Light Focus Functionality

- [ ] Working
- [ ] Malfunctioning
- [ ] Needs Repair

Emergency Backup Lighting Status

- [ ] Operational
- [ ] Needs Testing
- [ ] Out of Service

Dimming Functionality - Satisfactory?

- [ ] Yes
- [ ] No

Notes/Observations Regarding Lighting

Write something...

Electrical Systems

Evaluation of power supply, backup generators, and electrical safety.

Main Power Voltage (VAC)

Enter a number...

Emergency Generator Voltage (VAC)

Enter a number...

Main Power Voltage Stability (RMS deviation)

Enter a number...

Automatic Transfer Switch (ATS) Status

- [ ] Operational
- [ ] Needs Maintenance
- [ ] Failed

Last ATS Test Date

Enter date...

Time of Last ATS Test

Enter time...

UPS (Uninterruptible Power Supply) Status

- [ ] Operational
- [ ] Needs Maintenance
- [ ] Failed

Notes on Electrical System Observations

Write something...

Medical Gas Systems

Confirmation of medical gas supply, pressure, and leak detection.

Oxygen Cylinder Pressure (PSI)

Enter a number...

Nitrous Oxide Cylinder Pressure (PSI)

Enter a number...

Medical Air System Pressure (PSI)

Enter a number...

Vacuum System Pressure (inHg)

Enter a number...

Gas Cylinder Valve Condition

- [ ] Good
- [ ] Leaking
- [ ] Damaged
- [ ] Needs Lubrication

Gas Manifold Pressure Gauges

- [ ] Reading within Range
- [ ] Reading Outside Range
- [ ] Damaged
- [ ] Missing

Last Medical Gas System Inspection Date

Enter date...

Water Supply & Drainage

Inspection of water supply, hot water temperature, drainage functionality, and backflow prevention.

Hot Water Temperature (at OR sink)

Enter a number...

Water Pressure (at OR sink - PSI)

Enter a number...

Backflow Prevention Device Status

- [ ] Operational
- [ ] Needs Maintenance
- [ ] Out of Service

Sink Drain Functionality

- [ ] Draining Properly
- [ ] Slow Drain
- [ ] Blocked Drain

Eye Wash Station Functionality

- [ ] Functional
- [ ] Needs Maintenance
- [ ] Out of Service

Last Water Quality Test Date

Enter date...

Comments/Notes Regarding Water Systems

Write something...

Air Quality & Ventilation

Assessment of air filtration, positive/negative pressure differentials, and air exchange rates.

Positive/Negative Pressure Differential (Pa)

Enter a number...

Air Changes per Hour (ACH)

Enter a number...

HEPA Filter Status (All Filters)

- [ ] OK - Within Expiration
- [ ] Replace Soon (Within 3 Months)
- [ ] Replace Immediately

Supply Air Temperature (Operating Room)

- [ ] Within Range (20-24°C)
- [ ] Outside Range - Corrective Action Needed

Air Quality Concerns Observed?

- [ ] Dust
- [ ] Odors
- [ ] Visible Particulates
- [ ] None Observed

Last Ventilation System Maintenance

Enter date...

Comments/Observations Regarding Ventilation System

Write something...

Emergency Power Systems

Testing and verification of emergency generators and transfer switches.

Generator Runtime Hours (Last Test)

Enter a number...

Generator Voltage (During Test)

Enter a number...

Transfer Switch Contact Resistance (Ohms)

Enter a number...

Last Generator Test Start Time

Enter time...

Date of Last Generator Maintenance

Enter date...

Generator Load Test Passed?

- [ ] Yes
- [ ] No
- [ ] N/A

Any Notes or Observations During Testing?

Write something...

ATS (Automatic Transfer Switch) Operation Verified?

- [ ] Yes
- [ ] No
- [ ] N/A

Fire Safety

Confirmation of fire suppression systems, smoke detectors, and emergency exit accessibility.

Last Fire Extinguisher Inspection Date

Enter date...

Fire Extinguisher Pressure (PSI)

Enter a number...

Fire Suppression System Status

- [ ] Functional
- [ ] Needs Repair
- [ ] Out of Service

Smoke Detector Status

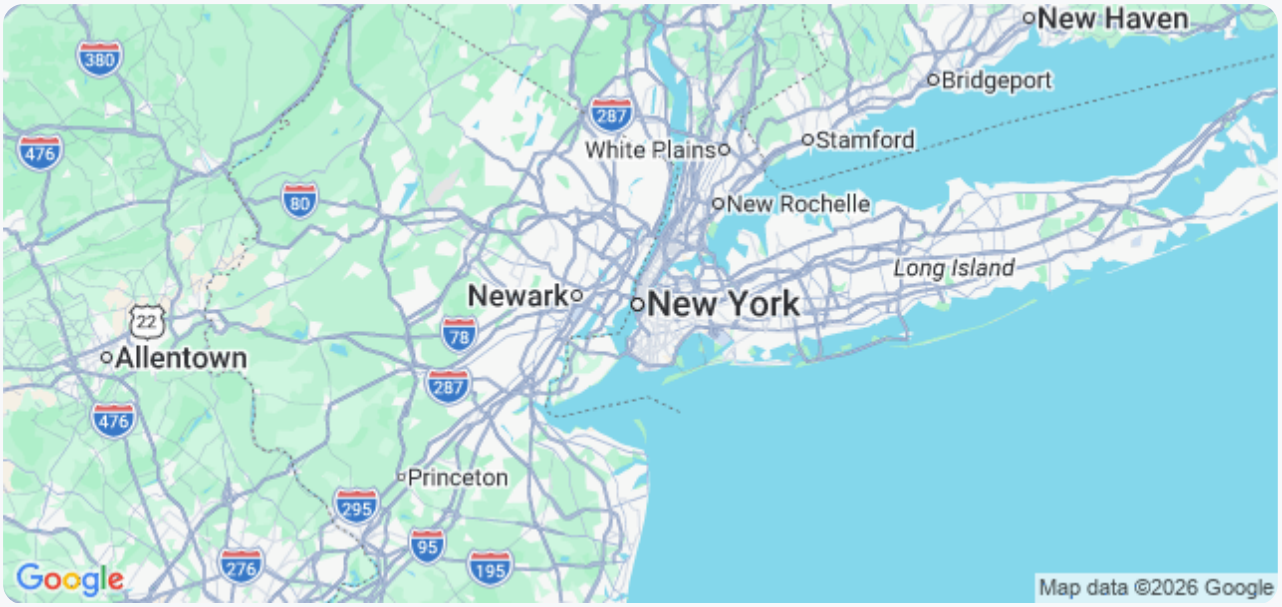
- [ ] Operational
- [ ] Needs Maintenance
- [ ] Faulty

Emergency Exit Lighting Status

- [ ] Functional
- [ ] Dim
- [ ] Not Working

Location of Fire Control Panel

Set My Current Location



Any Observations/Comments Regarding Fire Safety

Write something...

Cleanliness and Infection Control

Evaluation of surface cleanliness, waste management, and overall hygiene standards.

Surface ATP Readings (Average)

Enter a number...

Visible Soil/Residue Present?

- [ ] Yes
- [ ] No
- [ ] Unsure

Describe Any Visible Soil/Residue (if applicable)

Write something...

Waste Receptacle Liners Present?

- [ ] Yes
- [ ] No

Spill Kit Readily Available?

- [ ] Yes
- [ ] No

Photographic Evidence (if issues observed)

Upload File

Last Deep Cleaning Date

Enter date...

Equipment Infrastructure

Verification of infrastructure supporting operating room equipment (e.g., power outlets, data ports, compressed air).

Outlet Voltage (Volts)

Enter a number...

Outlet Frequency (Hz)

Enter a number...

Dedicated Circuit Amperage (Amps)

Enter a number...

Data Port Functionality (Ethernet, Fiber)

- [ ] Ethernet - Verified
- [ ] Fiber - Verified
- [ ] Ethernet - Not Tested
- [ ] Fiber - Not Tested
- [ ] Data Port Unavailable

Compressed Air Line Pressure (if applicable)

- [ ] Within Specified Range
- [ ] Outside Specified Range
- [ ] Not Applicable

Notes/Observations Regarding Infrastructure

Write something...